U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U . 3/16 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 30 / 2004 3. Name and address of person filing. Name Keyneth It's 15 15 15 15 15 15 15 1					
3. Name and address of person filing. 4. Name if it number, and address of labor organization. Name Nam	1. File Number U - 13/16	2. Fiscal Year Covered From:			
Name Kometh III3 Name Upite Here Leat 10 Labor Organization File Number O\$5.35% P.O. Box, Bidg., Room No., If any P.O. Box, Bidding and Room Number, if any Street 900 Valley View P\$\$. A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monostary value from an employer whose employees your organization represents or is actively exeking to represent. A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monostary value from an employer whose employees your organization represents or is actively exeking to represent. A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monostary value from an employer whose employees your organization represents or is actively exeking to represent. A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monostary value from an employer whose employees your organization represents or is actively exeking to represent. A. Held an interest in, engaged in transactions (including loans) with, or derived income; or derived income organization represents or is actively e		1 / 2004 Through: 12 / 31 / 2004			
P.O. Box, Bidg., Room No., if any Street QIO Valley View P.J. State Chio ZIP Code +4 YYOS The following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (Including trade name, if any). Name Duwn Cahn Huthton Dase bull fickets (3) 7.a. Nature of Interest, Transaction, or Income. **PO. Box, Bidg., Room No., if any Enreview Tower, Je & P.J. Street 1301 E. 91	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bldg., Room No., If any Street 9100 Valley View ft. City Maccdonia, State Onio ZIP Code +4 4 4405 b State Onio ZIP Code +4 4 4405 b 5. Position in labor organization. Restatent Enter appropriate data below it, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeding to represent. 6. Name and address of Employer (including trade name, if any). Name DWM Cahn + Hufton Trade Name, if any: P.O. Box, Bldg., Room No., if any Eneview Tower, Jo 4 Ft. City Cleviand Street 1301 E. 9 16 St. City Cleviand \$105.00 \$ Signature 15. Signature and varification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skinowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Kenneth Ily	Name UNITE HERE LOCAL 10			
Street 9105 Valley View \$4. City Macedonia State Onio ZIP Code +4 4 4405 b State Onio ZIP Code +4 4405 b 5. Position in labor organization. Restablet Enter appropriate data below II, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name DUWN Cahn + Hutton Trade Name, if any: P.O. Box, Bidg., Room No., if any Experieur Tower, bet Plant Trade Name, if any: Street 1351 E. 9 th St. City Clevilonia State Onio ZIP Code +4 44114 **Repaid with interest that repaid \$115.00 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned \$250 + 150		Labor Organization File Number CL5-35%			
City Macedonia State Chio ZIP Code +4 1405 b State Chio ZIP Code +4 1401 b State Chio ZIP	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
State Chio ZIP Code +4 YYOS 6 State Ohio ZIP Code +4 YYOS 6 5. Position in labor organization. Resident Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Duwn Cahn + Hutton Trade Name, if any: P.O. Box, Bidg., Room No., if any Enreview Tower, bet Mr. Street 1301 E. 91 St. City CleuRand State Ohio ZIP Code +4 YUIIY 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8:15:05 330 468 6800	Street 9100 Valley View Fd.	Street 9100 Vailey View Rd.			
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Street 1301 E. 915 St. City ClarCland State Chio ZIP Code + 4 YUIIY Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 8-15-05 330 468 680	monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Duum Cahn + Hutton	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. baseball fickets (3)			
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Totophono randon	Signed	On 8-15-05 330 468 6800 Telephone Number			

Name of Person Filing Kuneth 113	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	Approximate dollar value of such dealing. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			